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Und	er the Paperwor	k Reduction Act of	1995, no p	ersons are requi	red to respond t	to a	collection of info	mation unle	ss it displa	ys a valid OMB c	ontrol number.
	PATI	ENT APPLIC	ATION	FEE DETER	N	RECORD		Application or Docket Number 09 145546			
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR NUMBER FILED NUMBER EXTRA						RATE	FEE		RATE	FEE	
BASIC FEE (37 CFR 1.16(a))					··			\$	OR		\$
TOTA	L CLAIMS FR 1.16(c))		minus 20 = *				x \$ =		OR	x \$=	
INDE	PENDENT CLAIM	1S	minus 3 =				x \$=	***	OR	x \$=	
•									OR		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+\$=		1	+ \$=	
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		OR	TOTAL	
	Cl	AIMS AS AMIA	ENDED -	- PART II							
6-	13-05	(Column 1)		(Column 2)	(Column 3)		SMALL E	NTITY	OR		R THAN ENTITY
INT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE /
MENDMENT	Total (37 CFR 1.16(c))	· 22	Minus	" <i>22</i>	" (x \$=		OR	x \$=	
	Independent (37 CFR 1.16(b))	· 3	Minus	" 7	-		x s=		OR	x s =	
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					1	+ \$=		OR	+ \$=	
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)				_		
TN		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ă	Total (37 CFR 1.16(c))	•	Minus	**	'n	1	x \$=		OR	x s =	
AMENDMENT	Independent (37 CFR 1.16(b))	•	Minus	***	=	1	x \$=		OR	× \$=	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+s =		OR	+\$ =	
PINOT PRESENTATION OF MISETIME DE L'ADENT GOLDING (G. G. N. M. M. C.)							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)	_	,		_		,
. TN		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
) ME	Total (37 CFR 1.16(c))	•	Minus	**	=		x \$=		OR	x \$=	
AMENDMENT	Independent (37 CFR 1.16(b))		Minus	***	=		x_ s =		OR	x \$=	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					1	+ \$=		OR	+ \$=	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
•	" If the "Highest	column 1 is less the Number Previousl Number Previously	y Paid For	' IN THIS SPACE	is less than 20), er	nter "20".		_		

*** If the "Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.